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DEPARTMENT OF COMMERCE
BUREAU OF THE REGISTRAR
FILED OCT 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 352280
Registrar's No. 2141

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town NORMANDY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OSULLIVAN NURSING HOME
(If not in hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution 1 WK (Specify whether
In this community 16 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ST LOUIS 96
(c) City or town OVERLAND
(If outside city or town limits, write "RURAL")
(d) Street No. 8529 Bettybee
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John ERNST
(b) If veteran, name war -
(c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Theresa Ernst
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 23 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 26
If less than one day hr. _____ min. _____

9. Birthplace ST PETERS Mo
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED CARPENTER

11. Industry or business _____
12. Name CONRAD ERNST
13. Birthplace GY 1
(City, town, or county) (State or foreign country)
14. Maiden name ROSE NAAS
15. Birthplace GY 1
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Ernst
(b) Address Overland, Mo.

17. (a) BURIAL (b) Date thereof 10-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PORTAGE DESBOIS

18. (a) Signature of funeral director ORTMANN FUNERAL HOME
(b) Address Overland, Mo.

19. (a) OCT 20 1944 (b) E. J. McInerney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 19
year 1944 hour _____ minute 6 A M.
21. I hereby certify that I attended the deceased from Oct. 14
1944, to Oct. 18, 1944
that I last saw her alive on Oct. 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Injury from fall
Grand Epilepsy
Cony Schmorl

Due to _____
Due to 94a
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (e) Means of injury 2
23. Signature Oren Salem (M. D. or other) do
Address 7320 Filmore Rd. Date signed Oct 18 1944

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Al C Ostmann*

Licensed Embalmer No. *3478*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.